

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590767

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2		1				
4	2		1				
5	2		1				
6	①		1				
7	①		1				
8	①		1				
9	①		1				
10	①		1				
11	①		1				
12	①		1				
13	①		1				
14	1		1				
15	1		1				
16	1		1				
17	1		1				
18	1		1				
19	1		1				
20	1		1				
21	1		1				
22	①		1				
23							
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48							
49							
50							
TOTAL IND.	1	↓	1	↓	0	↓	
TOTAL DEP.	24	←	21	←	0	←	
TOTAL CLAIMS	25	[REDACTED]	22	[REDACTED]	0	[REDACTED]	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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95							
96							
97							
98							
99							
100							
TOTAL IND.	0	↓	0	↓	0	↓	
TOTAL DEP.	0	←	0	←	0	←	
TOTAL CLAIMS	0	[REDACTED]	0	[REDACTED]	0	[REDACTED]	